

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031492

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 14 1962

VS 300
Rev. 4/59

1 0495

2 0495

3 2

4 0

5 1

6

7 1

8 2

9 9

10 8

11

12 1-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Webb City

Length of stay in 1b

8 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Jane Chinn Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

admission)

c. CITY

OR

TOWN

Webb City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

901 W. Broadway

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

William

Middle

E.

Last

Bilquist

4. DATE

OF

DEATH

Month

September

Day

10,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☐

Never Married

Divorced ☐

8. DATE OF BIRTH

12-1-1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer & Cattleman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Polk Co. Wisconsin

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Otto P. Bilquist

13b. MOTHER'S MAIDEN NAME

Johanna Carlson

14. NAME OF HUSBAND OR WIFE

Bessie Bilquist

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bessie Bilquist

Address

901 W. Broadway

Webb City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Azotemia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Peritonitis

4 days

DUE TO (c)

Biliary Leakage -

6 days

Surgery

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Subtotal. Sarcotom - Cholecystectomy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 9-10-62 and last saw him alive on 9-10-62

Death occurred at 1:10 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Va. Hous. Lake D.O.

(Degree, title)

22b. ADDRESS

Webb City, Mo.

22c. DATE SIGNED

9-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-12-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Webb City, Mo.

(State)

24. FUNERAL DIRECTOR

Johnston-Simpson, Webb City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-12-62

26. REGISTRAR'S SIGNATURE

Mrs. Madeline Surtz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.